



14th Street – Lane 4, Wazir Akbar Khan, Kabul, Afghanistan ● Phone +93 (0) 79 555 7000

Email: info@AmericanMedicalAF.com ● Website: www.AmericanMedicalAF.com

Medical Examination for Immigrant or Refugee Applicant:

The medical examination will include a physical and mental health exam, chest x-ray, blood tests, skin test and if warranted, three (3) consecutive sputum cultures and drug sensitivity testing.

ITEMS	COST (USD)
Medical Examination (Medical Examination for immigrant or refugee applicant for use with TB technical instruction 2009)	\$365

** Cost does not include vaccinations, DOT TB treatment, or additional psychiatric evaluation if needed.

SCHEDULING VISA APPLICANTS MEDICAL EXAMINATIONS

SATURDAY - THURSDAY: 3:00PM TO 6:00PM

FRIDAYS: 1:00PM TO 5:00PM

*** Times are subject to change*

SCHEDULE AN APPOINTMENT BY:

- Phone: 079 555 7000
- Email: info@AmericanMedicalAF.com

APPLICANTS MUST BRING:

- Passport ID
- Three (3) Passport Photos
- Letter from U.S. Embassy, Kabul

MY KABUL IV CASE NUMBER:

MAP TO AMERICAN MEDICAL CENTER

